

CERTIFICATE OF ASSUMED BUSINESS NAME

Per IC 23-15-1

For persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own.

STATE OF INDIANA, COUNTY OF _____

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ at _____

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: _____

I hereby certify that I have personal knowledge of the facts stated above and that each of
them are true.

Member's Signature

Printed Name

Capacity

Subscribed and sworn to before me, this _____ day of _____, _____.

Signature of Notary

Printed Name

County of Residence

(Notaries only) my commission expires: _____